

FIREWORKS INJURY/FIRE REPORT (REPORTING PERIOD: 2002)		
SECTION A - GENERAL INFORMATION		
<input type="checkbox"/> Fire Department <input type="checkbox"/> Fire District <input type="checkbox"/> Hospital:	Agency Name:	
Address:	City:	State: ZIP:
Person Filling out Report:		Phone:
Do you have a fireworks-related incident to report? Yes <input type="checkbox"/> No <input type="checkbox"/>		
SECTION B INCIDENT FIRE <input type="checkbox"/> INJURY <input type="checkbox"/> FALSE ALARM <input type="checkbox"/>		
Location:		
City:	County:	Gender: Age:
Time:	Date:	
Was an adult present? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		
Did the location have restrictions? Ban <input type="checkbox"/> Restriction <input type="checkbox"/> Follow State Law <input type="checkbox"/>		
SECTION C INJURY <input type="checkbox"/> NON-INJURY <input type="checkbox"/>		
Location:	Head/Face <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Leg/Foot <input type="checkbox"/> Torso <input type="checkbox"/>	
Type of Injury:	Burn - <input type="checkbox"/> 1 st degree <input type="checkbox"/> 2 nd degree <input type="checkbox"/> 3 rd degree <input type="checkbox"/> Trauma <input type="checkbox"/> Amputation Patient Transported <input type="checkbox"/> Name of Hospital:	
SECTION D CAUSE OF INJURY Circle		
A. Tampering with fireworks:	D. Leaning over fireworks:	G. Other (please explain):
B. Duds-relighting or handling	E. Unsafe surface for lighting:	
C. Throwing fireworks:	F. Holding fireworks in hands:	
SECTION E FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FALSE ALARM <input type="checkbox"/>		
Type of fire response:	Wildland/Vegetation <input type="checkbox"/> Residential Structure <input type="checkbox"/> Commercial <input type="checkbox"/>	
Fire Cause:	Accidental <input type="checkbox"/> Malicious <input type="checkbox"/> Estimated Dollar Loss:	
If malicious, was there a criminal arson investigation conducted? Yes <input type="checkbox"/> No <input type="checkbox"/>		
SECTION F TYPE OF DEVICE	TYPE OF DEVICE –UNKNOWN <input type="checkbox"/>	
TYPE OF DEVICE – WA STATE LEGAL <input type="checkbox"/>	TYPE OF DEVICE – ILLEGAL <input type="checkbox"/> LEGAL ON TRIBAL LAND	TYPE OF DEVICE – ILLEGAL EXPLOSIVE <input type="checkbox"/>
<input type="checkbox"/> Novelty <input type="checkbox"/> Smoke Item <input type="checkbox"/> Sparkler <input type="checkbox"/> Ground Spinners <input type="checkbox"/> Multi Aerial <input type="checkbox"/> Helicopter <input type="checkbox"/> Cones & Fountains <input type="checkbox"/> Roman Candle <input type="checkbox"/> Wheel	<input type="checkbox"/> Firecracker/Chaser <input type="checkbox"/> Bottle Rocket <input type="checkbox"/> Missiles & Rockets	<input type="checkbox"/> M-80 <input type="checkbox"/> M-100 & LARGER <input type="checkbox"/> Cherry Bomb <input type="checkbox"/> Tennis Balls <input type="checkbox"/> Pipe Bomb <input type="checkbox"/> Altered Fireworks <input type="checkbox"/> Homemade Explosive Device <input type="checkbox"/> Public Display Mortars
Comments:		

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